

VZCZCXYZ0000
RR RUEHWEB

DE RUEHMU #0308/01 0821317
ZNR UUUUU ZZH
R 231317Z MAR 09
FM AMEMBASSY MANAGUA
TO RUEHC/SECSTATE WASHDC 3916
INFO RUEHZA/WHA CENTRAL AMERICAN COLLECTIVE

UNCLAS MANAGUA 000308

SIPDIS

DEPT FOR S/ES-O/CMS EPARRA

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [ASEC](#) [KSAF](#) [KSEO](#) [SENV](#) [TBIO](#) [KFLU](#) [NU](#)
SUBJECT: NICARAGUA: PANDEMIC AND AVIAN INFLUENZA TRIPWIRES
AND MISSION RESPONSE PLAN

REF: A. SECSTATE 006306

[B](#). MANAGUA 0275

[1](#)1. (U) Summary and Introduction: With no cases of the virulent H5N1 Avian Influenza (AI) strain existing yet in the Americas, the Emergency Action Committee reviewed and approved the Mission Response Plan and Tripwires for Pandemic and Avian Influenza. The plan recognizes Nicaragua,s current incapacity to identify an avian or human H5N1 infection. Following is the text of the plan. End Summary and Introduction.

Begin text:

Overview

[1](#)2. (U) Nicaragua has no in-depth planning to handle Pandemic Influenza or Avian Influenza. There is nominal surveillance and minimal stockpiling of medical supplies, but no stockpiles of antiviral drugs, no educational programs, and no integrated management in place. Nicaragua,s Ministry of Health has a written plan for Avian Influenza Pandemic Preparedness and Response, but it has not been distributed to hospitals at the local level and so is unlikely to be effective. Nicaragua also does not have the capability to identify an avian or human H5N1 infection. The symptoms of AI are not distinguishable from other types of influenza without the availability of specialized testing. Specimens will need to be sent to laboratories in the United States (the Centers for Disease Control (CDC), or the National Veterinary Laboratory in Ames, Iowa). Nicaragua does not have the medical resources to treat more than a handful of patients infected with Avian or Pandemic Influenza. Medication and equipment are severely limited. There are only a handful of ventilators nationwide. There is no plan to handle overflow of patients at alternate sites. Nicaragua will not, therefore, be able to treat large numbers of infected patients effectively, nor to accept patients with AI or Pandemic Influenza from neighboring countries. Nicaragua does not have the public health resources to manage mass fatalities.

[1](#)3. (U) The persistence of the H5N1 AI since its appearance in Hong Kong in 1997 indicates that it is unlikely to disappear from the environment. Moreover, it has evolved gradually, increasing its lethality and broadening the range of species that it can infect and kill. Since December 2003 there has been sporadic and increasing animal-to-human transmission. As of the week of March 2, 2009, the World Health Organization (WHO) reports 409 confirmed human cases of AI Influenza with a mortality rate of 62.6%. The majority of cases are in children and adults under the age of 40 years old. The highest mortality is in the 10 to 19 year old age group. The incidence among poultry workers has been minimal, suggesting that, at this time, AI is not easily transmitted to humans. Human-to-human transmission has not been documented (though it was suspected in a handful of cases).

There has never been a human epidemic with an H5 influenza strain. Thus, people of all ages are presumed to be highly susceptible. After widespread use of anti-influenza drugs amantadine and rimantidine in China, the H5N1 influenza A virus has become resistant to these drugs. The neuroaminidase inhibitors oseltamivir (Tamiflu) and zanamivir (Relenza) are still effective most of the time, but resistance to Tamiflu has been documented.

¶4. (U) Should sustained human-to-human transmission of a highly pathogenic H5N1 influenza begin, worldwide spread is expected in days to weeks, despite efforts to contain the virus by closing borders and quarantining ill persons. The short incubation period, the spread of virus by infected persons 2-3 days before they become ill, and the highly infectious nature of the virus will accelerate the development of a pandemic. The pandemic could devastate the world like a global tsunami.⁸

¶5. (U) There have as yet been no cases of H5N1 AI of any type in the Americas. Other variant AI strains have been recorded throughout the Americas in recent years, including a recently confirmed occurrence of the low pathogenic H5N2 virus in the Dominican Republic on December 21, 2007.

¶6. (U) In response to the small number of cases of documented animal-to-human avian infection transmission, human and animal health organizations have taken the following steps:

- a. Monitoring wild and domesticated bird populations for H5N1;
- b. Analyzing genetic changes in the virus;
- c. Culling affected domestic bird populations and isolating human cases;
- d. Sharply increasing the production and storage of oseltamivir (Tamiflu) and zanamivir (Relenza);
- e. Accelerating the process of vaccine production.

¶7. (U) In the region of Mexico and Central America, Mexico, Panama, and El Salvador may be at greatest risk for entry of Pandemic Influenza due to their larger populations, and human migration and cargo traffic patterns. In Panama, daily cargo traffic includes a large number of ships from Asia. Also, Mexico and the countries of Central America are on the flight path of numerous migrating birds. It is quite possible that AI could spread from Siberia to Alaska and southward to Western Hemispheric countries.

Assumptions

¶8. (U) When formulating tripwires, the following facts and assumptions were considered:

- a. The H5N1 highly pathogenic AI does not yet exist in the Western Hemisphere.
- b. H5N1 does not yet efficiently infect humans.
- c. It is highly probable that Pandemic Influenza, resulting from sustained human-to-human transmission of AI will begin in East Asia because of the number of birds infected there, the proximity of people to birds and, historically, the widespread presence of a variety of influenza viruses in that region.
- d. Once sustained human-to-human transmission of a pandemic influenza starts, it is very likely to appear in multiple sites, and quickly spread to distant countries. Therefore, the local decision to evacuate dependents and non-essential personnel to the United States must occur when sustained human-to-human transmission has been documented anywhere in the world (most likely Asia). By the time

sustained human-to-human transmission appears in the Western Hemisphere, with the probable closing of national frontiers and suspension of air traffic, it will most likely be too late for any type of evacuation other than in-site quarantine and sheltering-in-place.

e. In view of the much greater air travel to the United States, Pandemic Influenza is more likely to appear in the United States before Nicaragua.

f. The presence of Pandemic Influenza in any neighboring Central American country should be considered equivalent to the presence of Pandemic Influenza in Managua, Nicaragua.

g. All cross border traffic by land, sea, and air will very likely be blocked as soon a human-to-human transmission of Pandemic Influenza is suspected in Nicaragua or its neighboring countries.

h. Vaccine development may take four months after the onset of a human pandemic. Distribution of the vaccine is most likely to occur in the &first-world8 countries first, and then, because of the likely closure of borders during a pandemic, distribution would be prevented from reaching other countries.

i. A human pandemic will cause a catastrophic disruption of the host nation,s economy and security organizations.

Nicaragua Tripwires - Introduction

¶9. (U) The most critical tripwire is the appearance of sustained human-to-human transmission anywhere in the world (most likely outside of the Western Hemisphere). At this point, U.S. Embassy Managua will have to take immediate steps to evacuate dependents and non-essential personnel to the United States. The appearance of human-to-human contagious Pandemic Influenza in the Western Hemisphere and anywhere in the Americas would be the final tripwire, requiring final preparations for sheltering in the Embassy compound of essential Embassy personnel, long)term quarantine, and decisions about when to initiate prophylactic treatment with oseltamivir (Tamiflu) and/or zanamivir (Relenza). Once a Pandemic Influenza epidemic appears in the Western Hemisphere, the probable closing of national frontiers and

suspension of air traffic will foreclose any other evacuation options.

¶10. (U) The Emergency Action Committee (EAC), will be required to meet each time a tripwire is crossed in order to confirm that the criteria for that tripwire has been met and to initiate specific actions. When each tripwire is met, the Consular Section will need to issue a warden message to all Americans living within Nicaragua. The EAC will need to determine what public announcements and travel warnings should be sent to the Department of State for approval and final publishing on the Embassy Website and distribution through the Consular Warden System. Advice should be obtained from Washington about press announcements.

¶11. (U) The U.S. Department of Health and Human Services stockpiles a vaccine against H5N1 Avian Influenza in order to provide some protection for critical personnel in the early stages of a pandemic. In a pandemic, however, it is expected to take several months to develop and produce a vaccine matched to the new pandemic influenza strain. Once a vaccine has been developed and deployed, the primary objective will be to vaccinate as many as possible and as quickly as possible. However, because of the improbability of any developed vaccine reaching a pandemic country before frontiers have closed, the following tripwires assume that the pandemic begins before there is an adequate supply of protective vaccine.

US Embassy Managua Tripwires for Pandemic Influenza

¶12. (U) Tripwire One: only animal-to-animal and sporadic animal-to-human transmission (Federal Government Response Stage 0, WHO Phase 3).

a. Stage One: no AI in the Western Hemisphere (present situation).

i. Post shows vigilance in reviewing reports from international monitoring groups and international news.

ii. Informational updates are provided to the Mission from the FSHP and RMO.

iii. MED strongly recommends yearly influenza vaccinations for all personnel (these do not protect against AI).

iv. Personal protective equipment (PPE): gloves, goggles, N95 masks, and reusable respirators for healthcare workers, Tyvek suits, are stockpiled as needed for the mission size; a stockpile of antibiotics might be considered in order to treat secondary bacteria pneumonias that commonly occur with influenza.

v. Tamiflu (oseltamivir) and Relenza (zanamivir) stores are in a temperature-controlled, highly secure environment.

vi. As appropriate, advise individuals including American citizens, to purchase prescriptions of Tamiflu through their insurance company pharmacy plan.

vii. Review administrative leave plans; staff should prepare to perform as much work at home as possible should the situation worsen.

viii. Review the Mission minimal staffing list of personnel; review Embassy supplies of food, water, antivirals, and other medication and equipment; review security conditions for employees and families at residences and in public venues; review/test emergency preparations, communications procedures; review/update warden system and F-77 Report.

ix. The Hospital Militar is the designated SARS hospital and is also the designated hospital to treat victims of Avian or Pandemic Influenza, according to SINAPRED,s Nicaraguan National Avian Influenza Plan.

x. Consular Section continues outreach for private American citizens (Amcits) on AI preparedness, including food and water storage. The Embassy Internet home page features information on Avian Influenza preparedness: http://nicaragua.usembassy.gov/emergency_services2.html.

xi. Consular, Economic and RSO sections will canvass American companies and organizations to determine whether they have their own contingency plans in the event of a pandemic.

xii. Economic section will query airlines that provide direct flights between Nicaragua and the United States to determine if they have contingency plans in the event of a pandemic. Of particular importance is whether these companies would increase flights prior to an epidemic reaching the Western Hemisphere and whether they have received information from the host nation discussing criteria that would halt flights if human-to-human transmission started in the Western Hemisphere.

b. Stage Two: appearance of AI in the Western Hemisphere, countries bordering Nicaragua

i. The EAC meets to review, revise, if necessary, tripwires, and implement required actions.

ii. Heighten vigilance; contact host nation agencies monitoring bird populations; contact public health services surveying hospitals for the occurrence of human disease; inform the host government of the Embassy,s intention to release a statement regarding Avian and Pandemic Influenza.

iii. U.S. Embassy issues a MGT notice, announcement in the Embassy bulletin (Tiscapa), and Consular Warden Messages (CWM) advising avoidance of all birds and hand washing after handling uncooked poultry products. The Embassy adds the text of the CWM to the AI link on the Mission,s webpage.

iv. The EAC reviews whether travel in the region

should remain unrestricted.

v. The Mission advises all employees and their dependents to remain home if they develop respiratory illness and fever. Health Unit personnel decide whether they need to implement the use of personal protective equipment (PPE) and respirators when evaluating persons with respiratory illness.

In a Consular Warden Message (CWM), Amcits are advised to seek physician consultation should they develop respiratory illness with fever.

vi. Consular and Embassy press officers have available Avian and Pandemic Influenza talking points for use in appearances on local radio and television programs, and Internet chat rooms.

vii. Human Resources (HR) prepares travel orders for non-essential personnel and dependents, who would very likely be evacuated when human-to-human transmission begins.

viii. Section chiefs advise LES (FSN) employees that they should keep their U.S. visas current. U.S. personnel are advised to submit B referrals for nannies who might accompany their families back to the United States.

ix. Embassy Public Affairs Section releases a statement describing the Embassy's increased vigilance and offers advice about personal protective measures. The Consular Section releases a CWM advising all Amcits of precautions the U.S. Embassy is taking for its personnel.

x. The Consular Section considers decreasing visa appointments to focus more resources on American Citizens Services and decrease risk of unnecessary exposure.

c. Stage Three: documentation of animal-to-human transmission of AI in Nicaragua.

i. The EAC meets to assess situation and initiate actions defined by established tripwires.

ii. Both American and FSN personnel with fever and/or respiratory illness are told to remain at home (on administrative leave) until 10 days after recovery. American personnel will be advised to impose the same restrictions on their domestic employees.

iii. The Health Unit staff uses PPE and infectious disease precautions when evaluating persons with fever and respiratory illness. Possibly consider setting up a triage area in the Employee Parking Lot to contain the spread of infection.

iv. The Health Unit staff will use non-expired influenza quick test kit to test all ill individuals with symptoms suspicious of influenza for influenza A and B.

v. Health Unit staff monitors the human cases closely through communication with local health providers and, possibly, visits to the hospitals. If the victim is a private American citizen, a Consular Officer will be assigned to monitor the situation with the Health Unit staff, in order to communicate with family members.

vi. The Health Unit staff in collaboration with the RMO and State MED review use of PPE, decontamination procedures, and conditions that require use of Tamiflu and/or Relenza.

vii. The Embassy holds Town Hall meetings for the Embassy community and private American citizens. The Mission strongly advises avoiding contact with live birds and thoroughly washing hands after handling chicken and other previously butchered poultry in the kitchen.

viii. Consular Warden Message communicates the advice provided at the Town Hall meeting and additional information is placed in the Embassy's Webpage on AI.

ix. The Public Affairs Section will assume responsibility for risk communication, creating public messages to both the Mission community and the host nation.

x. Embassy officials should meet with school officials to discuss tripwires for school closure.

xi. Based upon the number of reported cases, the EAC reviews the need for voluntary departure of dependents.

xii. The EAC assesses whether travel should be restricted in some areas of the region.

xiii. The Mission begins use of a database to register all official and private citizen Americans infected with AI.

xiv. The Mission will train a group of individuals to screen visitors to the Embassy compound, using a questionnaire, noting travel, contact with others who have traveled to an epidemic region, contact with live poultry, and clinical symptoms of respiratory disease and fever.

xv. The Consular Section limits visa applicants to emergency cases only.

d. Stage Four: apparent increase in animal-to-human transmission of AI in Nicaragua or neighboring countries.

i. The EAC meets to review information, assess whether this new tripwire has been crossed, and initiate additional actions.

ii. The EAC restricts travel to regions reporting increased animal-to-human transmission of AI.

iii. The Health Unit and USAID AI working groups will communicate frequently with officials of the WHO, CDC, and Government of Nicaragua (GON) investigating avian and human infections (SINAPRED and MINSA). The EAC will be provided frequent updates, and the EAC will meet when necessary to assess new events information.

iv. Mission personnel and their dependents will be advised to stockpile enough food and water for at least two weeks and keep travel documents and personal items ready for rapid evacuation to the U.S., should it become necessary.

v. Consular Section updates warden messages and Embassy webpage as new information appears and new decisions are made.

113. (U) Tripwire Two: confirmed human-to-human AI cases outside of the Western Hemisphere (Federal Government Response Stage 2), AI affecting entire families, increased infection among health care workers, or transmission, anywhere in the world (WHO Phase 4 or 5, depending upon the degree of human-to-human transmission).

a. Stage One: case clusters occurring, but not in the Western Hemisphere.

i. The EAC, in consultation with the Operations Center, Crisis Management Staff (S/ES-O/CMS) and, if applicable, the State Department Task Force, confirms that tripwire has been crossed. The EAC meets frequently to follow developments, review actions, and assess the possibility that sustained human-to-human transmission has started.

ii. The Embassy prohibits Mission personnel from traveling to the region where AI clusters have been discovered.

iii. Non-essential staff and dependents are advised to prepare luggage and travel documents and to be on stand-by for authorized departure.

iv. The Mission continues with full staffing.

v. Personnel should increase stockpiles of water and food, in order to survive a quarantine of 12 weeks, or longer.

vi. Consular Warden Message and Embassy Webpage are updated to reflect guidance provided to Embassy personnel.

vii. The Consular Section limits visa applicants to emergency cases only.

viii. The Mission provides a back-up duty officer to assist in answering phone calls and inquiries from concerned U.S. Citizens after hours.

b. Stage Two: sustained human-to-human transmission, resulting in Pandemic Influenza epidemic confined to regions outside the Western Hemisphere.

i. The EAC meets frequently to analyze new information and implement new decisions.

ii. Mission requests AUTHORIZED DEPARTURE for all dependents and non essential personnel to return to the U.S.

iii. Increase frequency of Mission and Consular Warden Messages to update the Mission and Amcits on Embassy actions.

iv. The EAC reviews plans for the evaluation and treatment of infected persons and the means of transport of ill persons to local hospitals.

v. The Embassy prohibits travel to regions with human-to-human transmission.

vi. Mission personnel may continue to travel within the Western Hemisphere, with the understanding that freedom of travel may become quickly restricted everywhere. Travel restrictions need to be reviewed day-to-day.

vii. Consular Section re-emphasizes advice to American citizens in country to stockpile additional water and food in preparation for possible prolonged home quarantine.

viii. Mission considers moving all essential Embassy personnel into Embassy compound for the duration of the pandemic.

ix. The Mission reviews its plans to stockpile water and food, considering that the remaining Mission personnel may have to move to the Embassy compound for security reasons.

x. Mission screens all individuals entering the compound.

xi. The Consular Section continues to limit visa applicants to emergency cases only.

¶14. (U) Tripwire Three: documented human-to-human transmission of Avian or Pandemic Influenza in the Western Hemisphere (Federal Government Response Stage 2 or 3, and WHO Phase 5 or 6, depending upon the degree of human-to-human transmission: significant, or efficient and sustained,).

a. Stage One: case clusters occurring in the Western Hemisphere, in Central America, or in Nicaragua.

i. The EAC, in consultation with the Operations Center, s Crisis Management Staff (S/ES-O/CMS) and, if applicable, the State Department Task Force, confirms that tripwire has been crossed. The EAC meets frequently to follow developments, review actions, and respond quickly in initiating new actions.

ii. The Embassy prohibits travel to countries (and perhaps adjacent countries) except the U.S., where only the affected states should be avoided.

iii. The Mission stops hosting public events and advises personnel to avoid public gatherings.

iv. Consular section sends warden messages announcing authorized departure of dependents and suggesting that private Amcits consider returning to the US. Travel restrictions for official personnel and the new policy of social avoidance are also publicized.

v. Health Unit personnel set up outdoor or alternative patient evaluation site (staff parking area). American Employees with fever and respiratory illness are placed into Embassy compound building designated for pandemic victims. Persons who have returned recently from the country with case clusters will be housed in a designated Embassy compound building and will be required to remain in the building for quarantine for ten (10) days. Persons that become ill during the time of quarantine will be transferred to the designated Embassy compound building. Persons without symptoms after the 10 day quarantine period will be released to the NEC building for housing purposes.

vi. The Consular section informs the State Department that it has suspended service to persons with respiratory illness or fever. Consular section meets with Health Unit staff to discuss precautions in meeting with visa applicants.

vii. The Consular Section, with assistance from other units within the Embassy, Consular Affairs (CA), and S/ES/CMS, sets up a 24-hour telephone and email task force to manage the deluge of inquiries coming from U.S. Citizens. The Consular Crisis Management System is used to track inquiries.

viii. The Marine Security Guard will be divided into two groups, which live separately (in order to try to avoid loss of all MSG personnel to illness simultaneously). Also consider augmenting the security force with MILGP/DAO personnel as needed. The Mission will ensure that controlled and classified documents have been reduced to less than one-hour destruction time.

b. Stage Two: sustained human-to-human Pandemic Influenza

spreads to the Western Hemisphere, including the U.S., Mexico, neighboring Central or South American countries, or Nicaragua itself. (All regional and other international travel is likely to be restricted; the host nation's borders will very likely be closed, medical evacuations will not be allowed, nor is it likely that they will be possible.)

i. The EAC meets to review, revise, and initiate new actions.

ii. Health Unit staff will provide medical care to ill persons housed in the designated Embassy compound building, reporting to the Consular Section, who will report to families and others.

iii. The Consular Section closes to the public (in consultation with CA).

iv. The Consular Section drafts a travel warning and requests State Department approval and dissemination. The travel warning is disseminated to the local American community, and private Americans are strongly advised to avoid travel to Nicaragua. All incoming official travel is

prohibited, unless the persons are needed to investigate and combat the AI or Pandemic Influenza.

v. Mission informs the State Department that persons in neighboring countries infected with Avian or Pandemic Influenza cannot be transferred to Nicaragua, due to inadequate medical facilities.

vi. Mission and Consular Warden Messages are disseminated frequently, updating official Americans and private Americans about Embassy advice and actions. The Embassy Webpage is updated day-to-day.

vii. The Mission records details of all Americans, Mission personnel and private citizens who become sick, quarantined, or hospitalized with Avian or Pandemic Influenza in the established database. The CMS database is used to track cases of private U.S. Citizens infected with AI or pandemic flu.

viii. The mission initiates plan to distribute Tamiflu/Relenza to Health Care workers and other Embassy personnel, as advised by State MED and CDC.

ix. The Mission ascertains from Nicaraguan public health officials morgue location and procedures to transfer the dead to the morgue. The Consular section is informed in order to record information and notify families.

x. Water and food supplies will be consolidated at the Embassy compound.

15. (U) Tripwire Four: the pandemic situation results in civil unrest (Federal Government Response Stage 3, and WHO Phase 6).

a. Stage One: the pandemic situation is such that random acts of violence or an increase in threats are occurring.

i. As soon as Tripwire Four is crossed, front office calls State Department Ops Center to report on the developing situation. EAC, in consultation with the Operations Center's Crisis Management Staff (S/ES-O/CMS) and the State Department Task Force, confirms that tripwire has been crossed.

ii. Request an update to the Travel Alert or a Travel Warning to reflect current circumstances and post actions. If the Department issues a revised Travel Alert or Travel Warning, posts should promptly disseminate it to the local American community.

b. Stage Two: The pandemic situation is such that the local government cannot contain civil unrest, much of which is directed against the U.S. Embassy and Americans, who may be perceived as having food, water and medications, and refusing to share same. American homes may be broken into by mobs seeking medications and food, and numbers of Americans may be seeking refuge at the Embassy.

i. Request conference call via State Operations Center with CMS (Crisis Management Support), CA/OCS, and the regional bureau's EX office to discuss requesting ordered departure.

ii. Request Ordered Departure status from the

Department, and provide post's assessment of the current situation. Include information about potential numbers of private Americans departing, and about transportation availability.

iii. If Ordered Departure status is granted, the following actions will become necessary:

- If more transportation is needed than is available, request Department assistance. A/LM is responsible for arranging increases in regularly scheduled flights to post, charters, etc.
- If departure will not be possible via regularly-scheduled commercial flights or chartered commercial aircraft, CMS and the regional Bureau will discuss request for DOD assistance. Ambassador should brief the relevant combatant command on the situation at hand.
- Depending on departure option(s) selected, identify preferred options for internal movement, staging points, routes, assembly areas, embarkation points, etc. Also, consider transportation, timing, and size of group movements.
- If potential transportation includes stopovers at a location where there is a U.S. diplomatic post, include transit post(s) as info addressee on all related cable traffic. Provide guidance to transit post on services required for those departing, such as special medical needs, diapers, etc.
- Inform other foreign missions of drawdown status.
- Disseminate the Travel Warning (issued by the Department when Ordered Departure is granted) to the American community via post's warden system and Internet website. The communication to the private American community should strongly urge private Americans to review their individual circumstances and consider whether they should relocate to

the United States at this point. It should note that those who do not depart should be prepared to remain in country, and that embassy services may soon become unavailable to those who stay. Note that warden system and website updates may also become unavailable, and that Americans who stay should monitor the State Department website, and, specifically, <http://travel.state.gov>.

- Consult with M/FLO for services to personnel who depart post.
- Request that the Department impose Minimize status.
- Ensure the guidelines in 4 FAH-3 H-830 "Emergency Evacuation Fiscal Policy" are followed by all agencies at post.
- Contact the regional bureau to replenish post operating funds to sustain post operations, and also contact K Fund Manager, RM/CFO, for special K funds for evacuation related operations and evacuee travel. Charter aircraft will be funded at the Department level.
- Confirm travel orders are prepared for departing post personnel. Consider actions that must be accomplished in the event all employees depart post and operations are suspended. Be ready to initiate document destruction plan.
- Arrange administrative control of residences and personal property of departing U.S. Government personnel.
- Designate liaison officers, arranging at high level to ensure acceptance by host government and ensuring communication capability.
- Consider disposition of pets. (State Department policy precludes evacuating pets via chartered or military aircraft or ships, and they therefore require alternate accommodations. Working animals, such as guide dogs, are not considered pets and will be accommodated if possible.)
- Consider assigning officers at the main ports of departure to offer routine consular services, assist in liaison with local authorities, and track private Americans leaving the country via the Consular Task Force application. Assign personnel only after consultation with post's Regional Medical Officer or Foreign Service Health Practitioner in case additional protective measures are advised.
- Update personnel lists on WebPASS Post Personnel System (PS), making sure that TDY personnel have been included, and that the Emergency Management System module is current in its tracking of travels and destinations. If computers are not functioning, transmit up-to-date staffing pattern to

S/ES-O/CMS, CA and post's regional bureau, including breakdown of employees and family members by agency and names of TDY personnel, and indicating who is out of country and their status (TDY, annual leave, home leave, R&R).

iv. At the discretion of the Chief of Mission, in coordination with the Department, assistance may be extended to other foreign nationals when humanitarian or U.S. national security interests dictate. Post must obtain prior approval from the Department before offering departure assistance. Points to cover in such local discussions may include:

-- The U.S. Government will consider assisting third-country nationals (TCNs) and host-country nationals in departure on a case-by-case, space available, and reimbursable basis when doing so serves U.S. interests and the passenger(s) has appropriate travel documents, including a valid visa for entry to the United States.

-- Priorities of movement and how they will be integrated into departure plans.

-- Reimbursement for departure assistance to third-country nationals is billed directly from the U.S. Government to the government of the individual (except where the national is a family member of a U.S. citizen in which case the national becomes part of the U.S. citizen's individual promissory note).

-- Advance travel documentation.

-- Sharing of personnel assignments, communications and other management considerations for the departure process.

-- Screening procedures at assembly and embarkation areas.

-- Responsibilities at safe haven, transit points or final destination.

End Text.

SANDERS